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OCT 23 2006

11PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: V. P. Popov
Serial No.: 10/542,123 Group No.: 2823
Filed: Dec. 9, 2005 Examiner: Q. Jefferson
For: METHOD FOR PRODUCING A SILICON-ON-INSULATOR STRUCTURE
Attorney Docket No.: U 015850-2
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO ACTION OF JUNE 21, 2006

Please amend the above application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ posited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

Date: October 23, 2006

FACSIMILE

☒ TRANSMITTED by facsimile to the Patent and Trademark Office to (571)-273-8300

Signature

WE Evans
(type or print name of person certifying)

10/24/2006 TL0111 00000057 120425 10542123
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(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this is a conditional petition being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	OR	Addit. Fee
Total	*	Minus	**	=	x \$ 25	\$		x \$ 50= \$
Indep.	*	Minus	***	=	x \$ 100	\$		x \$ 200 \$
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					+ \$180=	\$		+ \$360= \$
					Total Addit. Fee	\$ _____	OR	Total Addit. Fee \$ _____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

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FEE PAYMENT

5. ☐ No additional fee for claims is required.

OR

☒ Total additional fee for claims required \$ 60

☐ Attached is a check in the sum of \$ _____

☒ Charge Account No. 12-0425 the sum of \$ 60
A duplicate of this transmittal is attached.

FEE DEFICIENCY OR OVERPAYMENT

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-0425

AND/OR

- ☒ Refund any overpayment to Account No. 12-0425.

SIGNATURE OF PRACTITIONER

W F JAKS
(type or print name of practitioner)

Reg. No.

25,858

Tel. No.

P.O. Address

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26 West 61 Street
New York, N.Y. 10023

Customer No.:



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